

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Home Instead Senior Care #727	CHAPTER 700
Address: 1600 Kapiolani Boulevard, Suite 212, Honolulu, Hawaii 96814	Inspection Date: April 30, 2021 Initial (Office) and May 3, 2021 (Home)

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OLCA
STATE LICENSING
9/15/2021 11:15 AM

21 JUN -4 PM 12:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p><u>FINDINGS</u> Clients #1, #2, #3, and #4- Service plan on file was not signed by the supervisor and the client or client's representative.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 JUN -4 PM 12:18</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Home Instead Senior Care is currently in the process of correcting the deficiency. Client Care Manager/ Supervisor has completed 75% of obtaining the signed service plan for clients and will be complete by June 9th, 2021. Client Care Manager/ Supervisor has scheduled a meeting with the client/client representative to review and confirm the development of the service plan and it will then be signed by the supervisor and client/client representative and placed into the clients file.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p><u>FINDINGS</u> Clients #1, #2, #3, and #4- Service plan on file was not signed by the supervisor and the client or client's representative.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 JUN -4 PM 12:18</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The specific plan to ensure the deficient practice will not reoccur is, upon signing the agreement that allows the client to be a client of Home Instead Senior Care, Client Care Manager/Supervisor will develop a service plan with the client/client representative. Once the plan is developed, the Client Care Manager/Supervisor and the client/client representative will sign and incorporate into the client's record.</p> <p>To monitor this progress, Administrator and Office Manager will not authorize services to begin until the service plan is signed by Supervisor and the client/client representative and until it is placed into client's file. Clients will remain inactive on roster until this document is complete. Administrator or Office Manager will conduct quarterly self-audits to ensure there are no deficiencies and to ensure the signed Service plan is in the client's file.</p>	

Licensee's/Administrator's Signature: Paul Dziuban

Print Name: Paul Dziuban

Date: 6/1/2021

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 JUN -4 PM 2:18